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n of Haylus	ORIGINAL CER	TIFICATE OF BI		· · · ·		
				Local Regist	rar Noo	••••
	No			St.		arđ)
of(If birt	h occurred in a hospi	tal or institution, g	ive its NAMI	instead of s	treet and num	ber)
Full name of child Man	uef M	unoz		If child is no supplemental	t yet named, n report, as dire	nake ected
child ONLY in event of		nate 2	7. Date of birth	uch.	1, 192 (Month, day, y	/3
	order of birth	14.		THER	0	
FATHER		Full /		Par	9 11	لا بد
me Automos M	umy	maiden name	man	ou ·	acia	
Residence (Usual place of abode) If nonresident, give place and State	u, asiz	15. Residence (Usual place If nonresident	e of about of	egstate	ary	,
Color or	26	16. Celor or			39	,
, 11. Age at last birth	day. (Years)	1.700	17. Au	e at last birthe	lay (Y	ears)
Birthplace (city or place)	co)	18. Birthplace (ci		my,	ice	
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Occupation Aghart	1	Nature of Indi	ustry		y - y	
Nature of industry (XWV)						
Number of children of this mother aken as of time of birth of child herecertified and including this child.)) Born alive and now	living(b) Bo	rn alive but no	w dead	(c) Stillborn	0
CERTIFICATE	OF ATTENDING	BHYSICIAN	OR MIE	WIFE.		
hereby certify that I attended the birth	of this child, who	(Born alive of still	Fa t	.m. on the	date above st	Prec.
there were no attending physician	JOL.	VIII I	Tadel	ves 1	new.	
e, should make this return. A stillborn hild is one that neither breathes nor	Signature Address	usku	hysician of	izar	in	
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